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301 SAINT PAUL PLACE
BALTIMORE, MARYLAND 21202-2165



November 16, 1987

882644

The Honorable William Donald Schaefer
Governor, State of Maryland
State House
Annapolis, Maryland 21404

Dear Governor Schaefer:

As Chairperson of the Task Force to Study the Crisis in Nursing, I am pleased to submit the Interim Report. This Report summarizes the work of the Task Force to this date.

Although the Task Force has not yet completed its mission, we are now making some recommendations. These recommendations are ones we believe require your immediate attention.

We shall continue to research the issues and explore ways to resolve the current crisis in nursing. The Final Report will be submitted on January 1, 1988.

Sincerely,

Sister Elizabeth Anne

Sister Elizabeth Anne
Chairperson
Task Force to Study
the Crisis in Nursing

SEA:mm

Enclosure

INTERIM REPORT
OF THE
GOVERNOR'S TASK FORCE
TO STUDY THE CRISIS
IN NURSING

November 16, 1987

BACKGROUND

The 1987 session of the Maryland General Assembly enacted SJR 27 and HJR 53, requesting the Governor "to establish a Task Force to examine ways to retain working nurses, to attract inactive nurses back into the profession, and to promote nursing as a profession in our secondary schools." The legislation itemized nine specific charges to the Task Force.

The establishment of the Task Force was necessitated primarily by the shortage of nurses in hospitals. In Maryland, the nurse vacancy rate has doubled since 1979, from 7% to 14%. Although many hospitals have reduced the number of beds in service, the patients in the hospitals are sicker and require more nursing care, therefore, requiring more nurses.

While the need for nurses has increased, the number of nurses working has decreased. Women, who are 97% of the nursing population, are choosing careers that offer better pay, benefits, and working conditions. Nursing school enrollment was down 8% in 1986; nationally, enrollment has decreased between 15-20% since 1983.

The Task Force to Study the Crisis in Nursing was established to address the problem in all practice settings, not just in hospitals. There are more than 50,000 licensed registered nurses in Maryland, but many of them are not working in nursing. The Task Force is seeking ways to promote nursing among active and inactive nurses, among high school students and career changers, in order to assure quality health care for all Maryland's citizens.

PROCEDURES

The Task Force had its first meeting on September 1, 1987, with subsequent meetings on September 28, October 19, and November 2, 1987. Future meetings are planned for November 30 and December 14, 1987.

At its first meeting, the Task Force determined that the best way to study the crisis in nursing was to establish four subcommittees, with each subcommittee responsible for gathering information and developing recommendations on a specific segment of the problem. One or more of the nine charges to the Task Force falls within the jurisdiction of each

subcommittee. These subcommittees are: Nursing Practice and Retention, State Regulations and Policies, Education and Scholarship, and Review of Past Goals of the Report of the 1982 Governor's Commission on Nursing Issues. Each subcommittee has determined its own meeting schedule and procedures for research.

The Task Force held six public hearings across the State: two were in the Baltimore metropolitan area, one was in the Washington metropolitan area, and one each was held in Cumberland, Cambridge, and Clinton. More than 1,000 persons attended these hearings. Nearly all the testimony heard related to one of the issues that the Task Force is studying. The testimony, which will be summarized in the Final Report, will be used to develop the Task Force's recommendations.

The Task Force is making certain recommendations in this Interim Report, because we believe they require the immediate attention of the Governor and General Assembly.

SUMMARY OF SUBCOMMITTEE ACTION

Review Past Goals and Accomplishments of 1982 Governor's Commission on Nursing Issues:

The 1980 Maryland General Assembly enacted legislation to create the Maryland Commission on Nursing Issues, which made its report to the Governor in September 1982. That Commission addressed the supply, education, credentialing, and utilization of registered nurses.

The Task Force Subcommittee for Review of Past Goals reviewed the recommendations of the Commission to determine which recommendations had been implemented and which still required action.

In response to the Commission's recommendations, the Maryland Board of Examiners of Nurses (now Maryland Board of Nursing) established committees to define the competencies of graduates from Associate Degree, Diploma, and Bachelor of Science in Nursing programs. They also created a Credentialing Task Force to monitor the issue of entry into practice and to analyze the impact in Maryland. "The Guide to Nursing Education" was written and distributed to high schools throughout the State.

One important recommendation of the 1982 Commission that has not been accomplished is the establishment of "adequate data collection, management, and reporting to support state-wide nursing policy development and planning." Such data, which could be used to project the utilization and demand for nurses, would be available to the Board through its licensing process. However, the Board does not have the personnel or computer resources to accomplish this. The Maryland Board of Nursing collects approximately \$1 million annually in licensing fees, which goes to the General Fund. An allocation to the Board from these collections would facilitate improved data collection.

The Maryland Board of Nursing is preparing legislation to be introduced in the 1988 session of the General Assembly to create an "inactive" licensure status.

The 1982 Commission also recommended the establishment of a tuition loan fund with loan forgiveness provisions for undergraduate and graduate nursing students. The Task Force Subcommittee on Education and Scholarship is addressing this subject.

The 1982 Commission recommended that the Health Services Cost Review Commission (HSCRC) develop separate accounting of nursing services as a means toward improving the management of nursing resources and delivery of nursing services. The Subcommittee on State Regulations and Policies is addressing this issue.

Recommendation:

Allocate sufficient funds from licensing collections to permit the Maryland Board of Nursing to establish adequate data collection, management, and reporting systems.

State Regulations and Policies:

The Subcommittee on State Regulations and Policies examined the indirect impact on nurses of the cost containment measures taken by, or proposed by, the Health Resources Planning Commission and the HSCRC. In order to realistically address this issue, the subcommittee has written to hospitals and nursing homes in Maryland requesting specific information on the impact on nurses of actions taken by the regulatory agencies. The results of this survey will be summarized in the Final Report.

Maryland's unique hospital rate-setting system and health planning system have a strong impact on the nurses who work in our hospitals. Hospital closures and downsizing that threaten the employment security of nurses may affect their decisions to leave hospital service and may discourage new nurses from seeking employment in hospitals. Maryland does not compare favorably with neighboring states in nurses' salaries. Salaries must be improved if Maryland hospitals are to attract and maintain adequate nursing staff.

Currently, the HSCRC uses the health workers index (second level) for adjusting the wage and salary inflation factor. This is not deemed sufficiently high to compensate for years of using the technical workers (first level) index. The Maryland Hospital Association has recommended that the HSCRC put into effect the hospital workers (third level) index for inflation adjustments.

Historically, nursing services have been included in hospitals' room and board costs, rather than being a separate item. By costing out nursing services, hospitals would be recognizing nursing as a profession, and nursing would demonstrate its revenue value to the hospitals. Maine has legislation that requires each hospital to provide an itemized bill to include the cost of nursing services to any patient requesting it. (See Appendix E.)

The HSCRC was to complete a study on the costing out of nursing services as part of a recommendation of the 1982 Governor's Commission on Nursing Issues, but this has not yet been completed. Sister Elizabeth Anne, Chairperson of the Task Force, has written to the HSCRC requesting this report.

Recommendations:

1. That the HSCRC put into effect on January 1, 1988, the hospital workers (third level) index for adjusting the wage and salary inflation factor.

2. That if recommendation #1 is not achieved by January 1, 1988, that legislation be introduced to mandate use of the hospital workers (third level) index by the HSCRC for adjusting the wage and salary inflation factor, effective upon passage of the legislation with retroactive implementation from January 1, 1988.

3. That legislation requiring that nursing services be costed out on each hospital patient's bill be implemented by 1990.

Education and Scholarship:

The Subcommittee on Education and Scholarship reviewed financial aid programs currently available to nursing students in Maryland. Compared with other states, Maryland has low financial assistance, but high tuition for nursing education. There is a need for increased financial assistance for both undergraduate and graduate nursing education.

Recommendations:

1. Support the request of the State Scholarship Board (SSB) to increase funding to the General State Scholarship Program by \$7 million.
2. Support the request of the SSB to include the Graduate Nursing Grants Program with the Professional School Scholarship Program.
3. Support the request of the SSB to increase funding to the Professional School Scholarship Program by \$450,000.
4. Increase the SSB's funding for the Sharon Christa McAuliffe Memorial Teacher Education Assistance Program by \$400,000 and earmark those funds for nursing students who will work in areas of critical shortage.
5. Support legislation that will include loan forgiveness programs for nursing students and licensed nurses.
6. Earmark a portion of budgeted funds (10% each of the budget for the Professional School Scholarship Program and the Sharon Christa McAuliffe Program) for publishing and disseminating information about scholarship programs available to nursing students.

Nursing Practice and Retention:

The Subcommittee on Nursing Practice and Retention has reviewed many issues that affect nurses: salary and benefits, day care, patient acuity, career ladders, professional control, safety, lack of support services, and others. Some of these concerns overlap with the responsibilities of other Task Force subcommittees. The salary issue has been addressed by the State Regulations and Policies Subcommittee. Similarly, the availability of financial assistance for nursing education affects nursing retention.

State policies may also affect the ability of nursing employers to resolve some of the problems identified. For example, most nurses are female and many are responsible for dependent care. Day care availability, especially during evening shift hours, is limited. A health care institution willing to provide day care services may not be able to comply with regulations promulgated by the Department of Health and Mental Hygiene.

Many of the issues identified by this subcommittee were discussed by those who testified at the public hearings. Nurses who feel overworked or undervalued do not stay in the profession. Only 20% of today's working nurses have been working at least ten years. In hospitals, nurses provide 90% of patient care, 24 hours a day, but frequently have to also provide non-nursing services such as answering telephones, escorting patients, and delivering meals. The Task Force is continuing to look at these issues to develop strategies for resolution and to determine appropriate recommendations to the Governor and General Assembly.

Recommendation:

That the Governor direct the Department of Health and Mental Hygiene to review regulations for day care centers that inhibit the ability of institutions to provide day care services.

SUMMARY

The Task Force to Study the Crisis in Nursing has listened to expert speakers, heard testimony from concerned persons across the State, and researched issues that affect the number and utilization of nurses in Maryland. Some specific recommendations have been made to the Governor and General Assembly.

The members will continue to explore these issues over the next six weeks. We will search for creative, but realistic, solutions to the problems and present our final report on January 1, 1988.

APPENDICES

- A. Senate Joint Resolution No. 27
- B. House Joint Resolution No. 53
- C. Task Force Members and Staff
- D. Hearing Schedule
- E. State of Maine S.P. 460 - L.D. 1391
- F. Maryland Nurse Supply
- G. Number of RNs and LPNs Employed in Maryland
1983-1987
- H. Registered Nurses Licensed in Maryland by Age
CY1986-1987
- I. Licensed Practical Nurses in Maryland by Age
CY1986-1987
- J. Major Teaching or Practice Areas for Registered Nurses
Licensed in Maryland CY1986-1987
- K. Major Teaching or Practice Areas for LPNs Licensed in
Maryland CY1986-1987
- L. Types of Positions Held by Licensed Practical Nurses in
Maryland CY1986-1987
- M. Type of Positions held by Registered Nurses in Maryland
CY1986-1987
- N. Governor's Commission on Nursing Issues
Goals and Action Plan for Nursing in Maryland 1982

SENATE JOINT RESOLUTION No. 27

7hr(00)

J4

By: Senator Hollinger
 Introduced and read first time: February 6, 1987
 Assigned to: Economic and Environmental Affairs
 Committee Report: Favorable with amendments
 Senate action: Adopted
 Read second time: March 11, 1987

RESOLUTION NO. _____

SENATE JOINT RESOLUTION

1 A Senate Joint Resolution concerning

2 A Task Force to Study the Crisis in Nursing

3 FOR the purpose of requesting the Governor to establish a Task Force to examine ways to
 4 retain working nurses, to attract inactive nurses back into the profession, and to
 5 promote nursing as a profession in our secondary schools.

6 WHEREAS, The percentage of staff nursing positions in United States hospitals more
 7 than doubled in the past year; and

8 WHEREAS, Working conditions in hospitals, nursing homes and critical care
 9 facilities are frequently less attractive than other alternatives; and

10 WHEREAS, Hospital job openings for registered nurses increased from 6.3% to 10%
 11 between December 1, 1985 and December 1, 1986; and

12 WHEREAS, The economics of the present reimbursement system are inadequate to
 13 allow primary care providers to compete for nurses in the market place; and

14 WHEREAS, These problems are exacerbated by nursing school enrollments being
 15 down 8% in 1986, with fewer people choosing nursing as a career; and

16 WHEREAS, The cost of education for nurses has risen dramatically and scholarship
 17 opportunities are limited; and

18 WHEREAS, An increase in the number of persons who choose nursing as a career
 19 and who choose to practice nursing in a hospital setting is critical to public health; now,
 20 therefore, be it

21 RESOLVED BY THE GENERAL ASSEMBLY OF MARYLAND, That the
 22 Governor is requested to establish a Task Force to study this crisis in nursing; and be it
 23 further

24 RESOLVED, That the Task Force to Study the Crisis in Nursing be composed of:

EXPLANATION:

Underlining indicates amendments to bill.

Strike-out indicates matter stricken by amendment.

1 (1) 2 members of the Senate of Maryland, appointed by the President of the
2 Senate, and 2 members of the House of Delegates, appointed by the Speaker of the
3 House;

4 (2) A representative of the Department of Health and Mental Hygiene, appointed
5 by the Governor;

6 (3) 1 representative each from the Maryland Nurses Association, the Maryland
7 Licensed Practical Nurses Association, the Maryland Hospital Association, and the
8 Health Facilities Association of Maryland;

9 (4) A nurse educator;

10 (5) 3 registered nurses who are actively practicing as staff nurses in a hospital
11 setting, 1 of whom shall have a B.S.N. degree, the second of whom shall have an A.D.
12 degree, and the third of whom shall have a diploma in nursing;

13 (6) A representative of the Health Services Cost Review Commission;

14 (7) A representative of the Health Resources Planning Commission;

15 (8) A representative of the Maryland State Board of Examiners of Nursing;

16 (9) A representative of the State Scholarship Board; and

17 (10) 2 directors of nursing; and be it further

18 RESOLVED, That the Task Force is charged with:

19 (1) Examining the causes of the crisis in nursing in the State of Maryland, with
20 special consideration to be given to the conditions and hours under which hospitals,
21 nursing homes, and other health care facilities require nurses to work;

22 (2) Examining the declining ability of hospitals and health care facilities to remain
23 competitive with respect to the salaries paid to their nursing staffs;

24 (3) Examining the potential impact on the nursing industry of the closing of
25 hospital-based nursing schools;

26 (4) Developing realistic incentives for the retention of nurses currently employed in
27 hospitals and health care facilities and for the attraction of currently inactive nurses to
28 return to the nursing profession;

29 (5) In consultation with the State Department of Education and the local boards of
30 education, developing recommendations for the secondary school systems to encourage
31 students to pursue careers in nursing;

32 (6) Exploring the feasibility of increasing the dollar amount of nursing student
33 scholarships and the extent to which the State Scholarship Board is awarding these
34 scholarships;

35 (7) Examining the indirect impact on nurses of the cost containment measures
36 taken or proposed by the Health Resources Planning Commission or the Health Services
37 Cost Review Commission;

38 (8) Examining the impact of new nursing employment options and opportunities
39 that attract nurses away from traditional positions on hospital staffs; and

1 (9) Developing any other appropriate recommendations for implementation in the
2 public and private sectors to address problems associated with the crisis in nursing; and be
3 it further

4 RESOLVED, That the Governor designate the Chairman of the Task Force; and be it
5 further

6 RESOLVED, That the Task Force report its findings and recommendations to the
7 General Assembly by ~~January 1, 1980~~ and be it further

8 RESOLVED, That staff for the Task Force be provided by the Department of Health
9 and Mental Hygiene; and be it further

10 RESOLVED, That copies of this Resolution be forwarded by the Department of
11 Legislative Reference to the Honorable William Donald Schaefer, Governor of Maryland;
12 the Honorable Thomas V. Mike Miller, Jr., President of the Senate of Maryland; and the
13 Honorable R. Clayton Mitchell, Jr., Speaker of the House of Delegates.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.

HOUSE JOINT RESOLUTION No. 53

7lr3252

JA

By: Delegate Felling
 Introduced and read first time: February 18, 1987
 Assigned to: Environmental Matters
 Committee Report: Favorable with amendments
 House action: Adopted
 Read second time: March 24, 1987

RESOLUTION NO. _____
 HOUSE JOINT RESOLUTION

1 A House Joint Resolution concerning

2 A Task Force to Study the Crisis in Nursing

3 FOR the purpose of requesting the Governor to establish a Task Force to examine ways to
 4 retain working nurses, to attract inactive nurses back into the profession, and to
 5 promote nursing as a profession in our secondary schools.

6 WHEREAS, The percentage of unfilled staff nursing positions in United States
 7 hospitals more than doubled in the past year; and

8 WHEREAS, Working conditions in hospitals, nursing homes and critical care
 9 facilities are frequently less attractive than other alternatives; and

10 WHEREAS, Hospital job openings for registered nurses increased from 6.3% to 10%
 11 between December 1, 1985 and December 1, 1986; and

12 WHEREAS, The economics of the present reimbursement system are inadequate to
 13 allow primary care providers to compete for nurses in the market place; and

14 WHEREAS, These problems are exacerbated by nursing school enrollments being
 15 down 8% in 1986, with fewer people choosing nursing as a career; and

16 WHEREAS, The cost of education for nurses has risen dramatically and scholarship
 17 opportunities are limited; and

18 WHEREAS, An increase in the number of persons who choose nursing as a career
 19 and who choose to practice nursing in a hospital setting is critical to public health; now,
 20 therefore, be it and

21 WHEREAS, The shortage of nurses often results in nurses working beyond their
 22 scheduled shifts; now, therefore, be it

23 RESOLVED BY THE GENERAL ASSEMBLY OF MARYLAND, That the
 24 Governor is requested to establish a Task Force to study this crisis in nursing; and be it

EXPLANATION:

Underlining indicates amendments to bill.
 Strike-out indicates matter stricken by amendment.

1 further

2 RESOLVED, That the Task Force to Study the Crisis in Nursing be composed of:

3 (1) 2 members of the Senate of Maryland, appointed by the President of the
4 Senate, and 2 members of the House of Delegates, appointed by the Speaker of the
5 House;

6 (2) A representative of the Department of Health and Mental Hygiene, appointed
7 by the Governor;

8 (3) 1 representative each from the Maryland Nurses Association, the Maryland
9 Licensed Practical Nurses Association, the Maryland Hospital Association, and the
10 Health Facilities Association of Maryland;

11 (4) A nurse educator;

12 (5) 3 registered nurses who are actively practicing as staff nurses in a hospital
13 setting, 1 of whom shall have a B.S.N. degree, the second of whom shall have an A.D.
14 degree, and the third of whom shall have a diploma in nursing;

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16 (7) A representative of the Health Resources Planning Commission;

17 (8) A representative of the Maryland State Board of Examiners of Nursing;

18 (9) A representative of the State Scholarship Board; and

19 (10) 2 directors of nursing; and be it further

20 RESOLVED, That the Task Force is charged with:

21 (1) Examining the causes of the crisis in nursing in the State of Maryland, with
22 special consideration to be given to the conditions and hours under which hospitals,
23 nursing homes, and other health care facilities require nurses to work;

24 (2) Examining the declining ability of hospitals and health care facilities to remain
25 competitive with respect to the salaries paid to their nursing staffs;

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27 hospital-based nursing schools;

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29 hospitals and health care facilities and for the attraction of currently inactive nurses to
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31 (5) In consultation with the State Department of Education and the local boards of
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34 (6) Exploring the feasibility of increasing the dollar amount of nursing student
35 scholarships and the extent to which the State Scholarship Board is awarding these
36 scholarships;

37 (7) Examining the indirect impact on nurses of the cost containment measures
38 taken or proposed by the Health Resources Planning Commission and the State Health
39 Services Cost Review Commission;

1 (8) Examining the impact of new nursing employment options and opportunities
2 that attract nurses away from traditional positions on hospital staffs; and

3 (9) Developing any other appropriate recommendations for implementation in the
4 public and private sectors to address problems associated with the crisis in nursing; and be
5 it further

6 RESOLVED, That the Governor designate the Chairman of the Task Force; and be it
7 further

8 RESOLVED, That the Task Force report its findings and recommendations to the
9 General Assembly by January 1, 1988; and be it further

10 RESOLVED, That staff for the Task Force be provided by the Department of Health
11 and Mental Hygiene; and be it further

12 RESOLVED, That copies of this Resolution be forwarded by the Department of
13 Legislative Reference to the Honorable William Donald Schaefer, Governor of Maryland;
14 the Honorable Thomas V. Mike Miller, Jr., President of the Senate of Maryland; and the
15 Honorable R. Clayton Mitchell, Speaker of the House of Delegates.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.

TASK FORCE MEMBERS AND STAFF

Sister Elizabeth Anne, Chair

Elizabeth McIntyre, RN
Bachelor of Science in Nursing

Emily Canty, LPN
Maryland Licensed
Practical Nurse Association

Barbara D. Miller, RN
Associate Degree - Nursing

Claudia Coggins, RN
Diploma School of Nursing

Mary Etta C. Mills
Health Resources
Planning Commission

The Hon. Donna M. Felling
Maryland House of Delegates

Patricia A. Noble
Director of Nursing

Lucy M. Fink
Nurse Educator

Elizabeth Scanlan
Director of Nursing

Loretta Joan Finnerty
Maryland Hospital Association

George E. Smith
Health Facilities Association
of Maryland

The Hon. C. Bernard Fowler
Senate of Maryland

The Hon. Leonard H. Teitelbaum
Maryland House of Delegates

Marilyn Goldwater, RN
Department of Health
and Mental Hygiene

James R. Wood
Health Services Review
Commission

The Hon. Paula Hollinger
Senate of Maryland

Lillian N. Cole (Staff)
Department of Health
and Mental Hygiene

Lynada D. Johnson
Maryland Nurses' Association

Kathleen Galbraith (Staff)

Rosemarie E. Liberatore
Maryland Board of Nursing

Vicki E. Lessans (Staff)
Department of Health
and Mental Hygiene

Dr. Douglas MacDonald
State Scholarship Board

P L E A S E P O S T

September 8, 1987

TO: ALL MARYLAND NURSES AND ADMINISTRATORS

FROM: GOVERNOR'S TASK FORCE ON THE CRISIS IN NURSING

SUBJECT: HEARING DATES

This is your opportunity to react to Maryland's shortage in nursing. The Governor, Legislators, and members of the Task Force on the Crisis in Nursing want to hear your ideas and suggestions for addressing the present shortage of nurses.

See reverse side for Task Force charges. Further details can be obtained from Senate Joint Resolution #27 and House Joint Resolution #53.

Please come and testify --- after stating your comments, please remember to give your written report to a member of the panel at any of the following sites:

Wednesday 10/7/87	6:30 p.m.- 9:30 p.m.	Western Maryland Cumberland - Sacred Heart Hospital
Wednesday 10/14/87	6:30 p.m.- 9:30 p.m.	Baltimore Metropolitan Area Franklin Square Hospital
Monday 10/19/87	6:30 p.m.- 9:30 p.m.	St. Agnes Hospital
Thursday 10/15/87	6:30 p.m.- 9:30 p.m.	Eastern Shore Hospital Center Cambridge, Maryland
Wednesday 10/28/87	6:30 p.m.- 9:30 p.m.	Southern Maryland Hospital Center Clinton, Maryland
Wednesday 10/21/87	6:30 p.m.- 9:30 p.m.	Washington Metropolitan Area Shady Grove Hospital

If you cannot attend any of the scheduled hearings, please send your written comments/concerns to:

TASK FORCE/NURSING
DHMH - Rm. L-43
201 W. Preston Street
Baltimore, MD 21201
(301) 225-6976

DEADLINE FOR LETTERS:

11/15/87

APPROVED

APR 25 '83

BY GOVERNOR

SEP 19 1983
CHAPTER

166

PUBLIC LAW

STATE OF MAINE

—

IN THE YEAR OF OUR LORD
NINETEEN HUNDRED AND EIGHTY-THREE

—

S.P. 460 - L.D. 1391

AN ACT to Require Hospitals to Provide
Itemized Bills upon Request.

Be it enacted by the People of the State of Maine as
follows:

22 MRSA §1712 is enacted to read:

§1712. Itemized bills

Each hospital licensed by the State under chapter 405 shall inform all patients, or their legal guardians, in writing, at the time of the patient's discharge, that it will provide an itemized bill upon their request.

The request may be made by the patient or his legal guardian at discharge or at any time within 7 years after discharge.

The hospital shall provide an itemized bill to the person making the request within 30 days of the request.

Notwithstanding this section, effective July 1, 1985, each hospital shall itemize on the hospital bill of each patient the cost of nursing services provided to that patient.

MARYLAND
NURSE SUPPLY

TOTAL NUMBER OF NURSES BY FISCAL YEAR

	<u>RN</u>	<u>LPN</u>
FY 87	50,823	11,105
FY 86	49,852	11,415
FY 85	47,511	11,217
FY 84	47,083	11,168
FY 83	49,843	12,350

NUMBER OF RN'S LICENSED DURING THE FISCAL YEAR

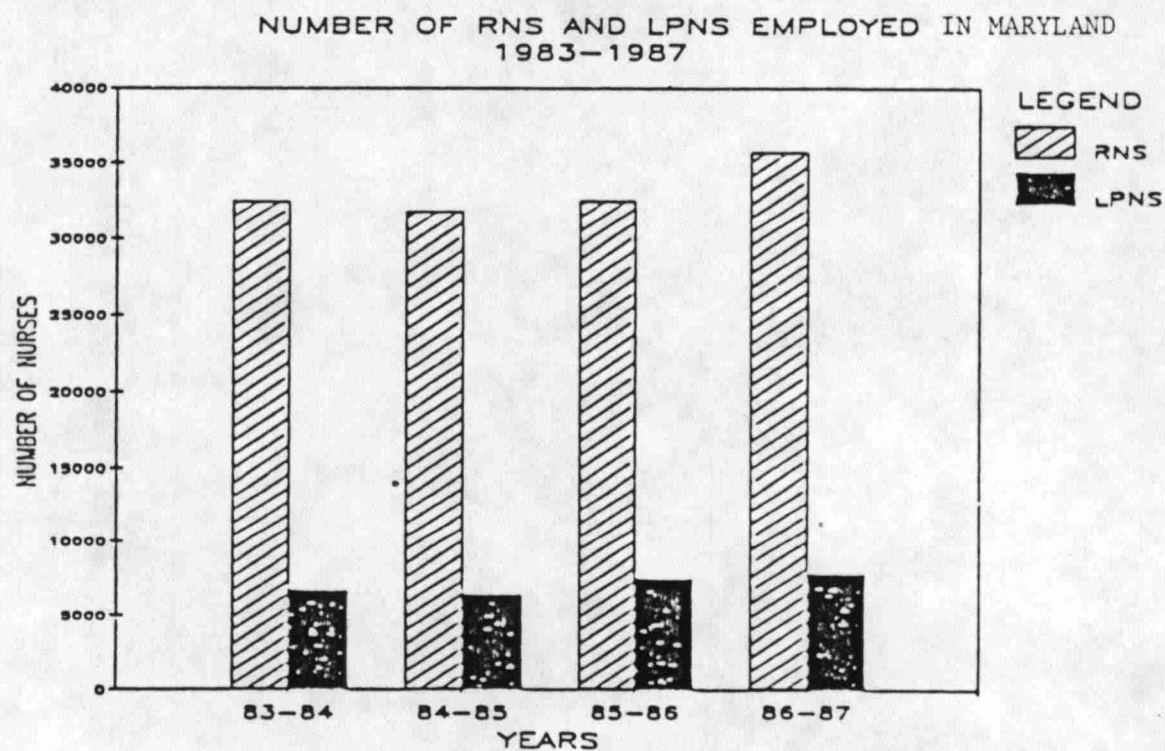
	<u>FY 87</u>	<u>FY 86</u>	<u>FY 85</u>	<u>FY 84</u>	<u>FY 83</u>
Licensed by Renewal*	21,860	21,423	20,986	20,396	21,464
Licensed by Examination	1,701	1,752	1,864	1,690	1,572
Licensed by Endorsement	2,170	1,717	1,810	1,665	1,356
Total	25,731	24,892	24,660	23,751	24,392

* - Half of the licensed nurses renew licenses each year.

NUMBER OF LPN'S LICENSED DURING THE FISCAL YEAR

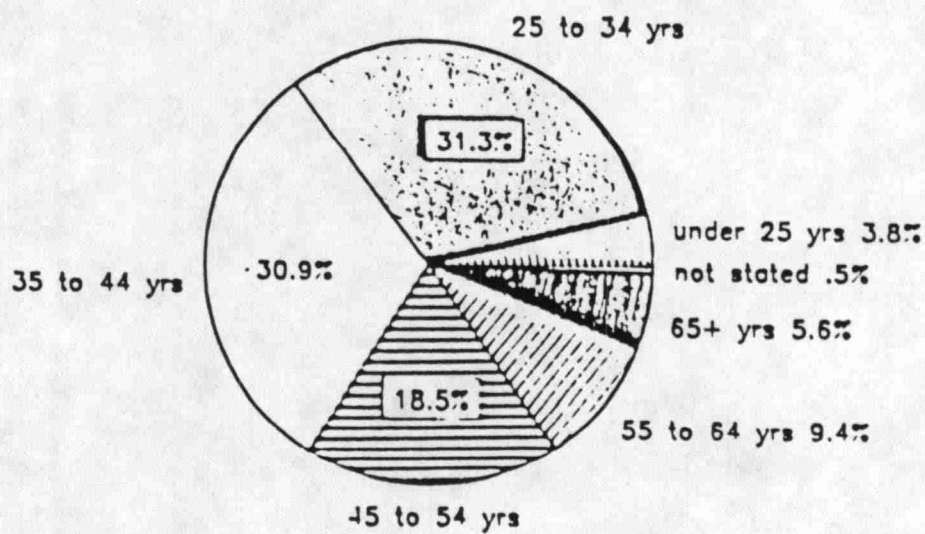
	<u>FY 87</u>	<u>FY 86</u>	<u>FY 85</u>	<u>FY 84</u>	<u>FY 83</u>
Licensed by Renewal*	4,092	4,818	5,083	4,445	5,114
Licensed by Examination	245	336	422	457	427
Licensed by Endorsement	380	334	422	388	337
Total	5,617	5,488	5,927	5,290	5,878

* - Half of the licensed nurses renew licenses each year.



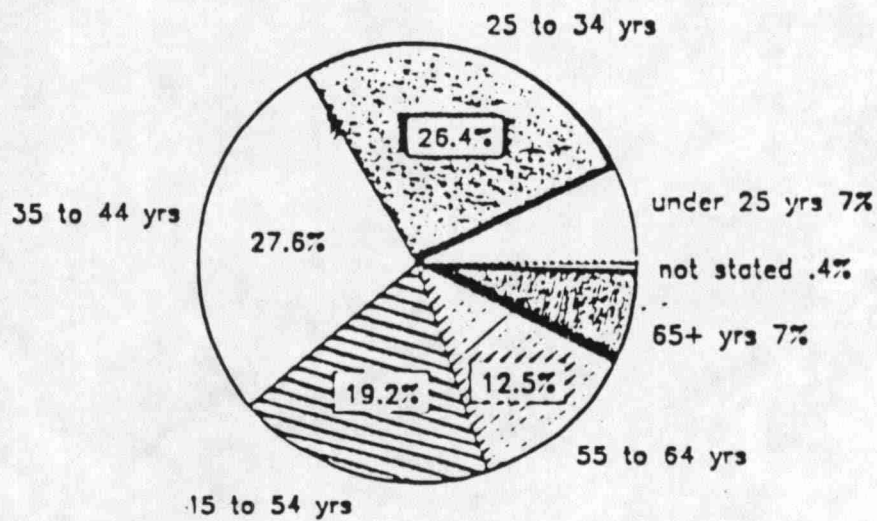
Data collected by the Maryland Board of Nursing

REGISTERED NURSES LICENSED IN MARYLAND BY AGE
CY1986-1987

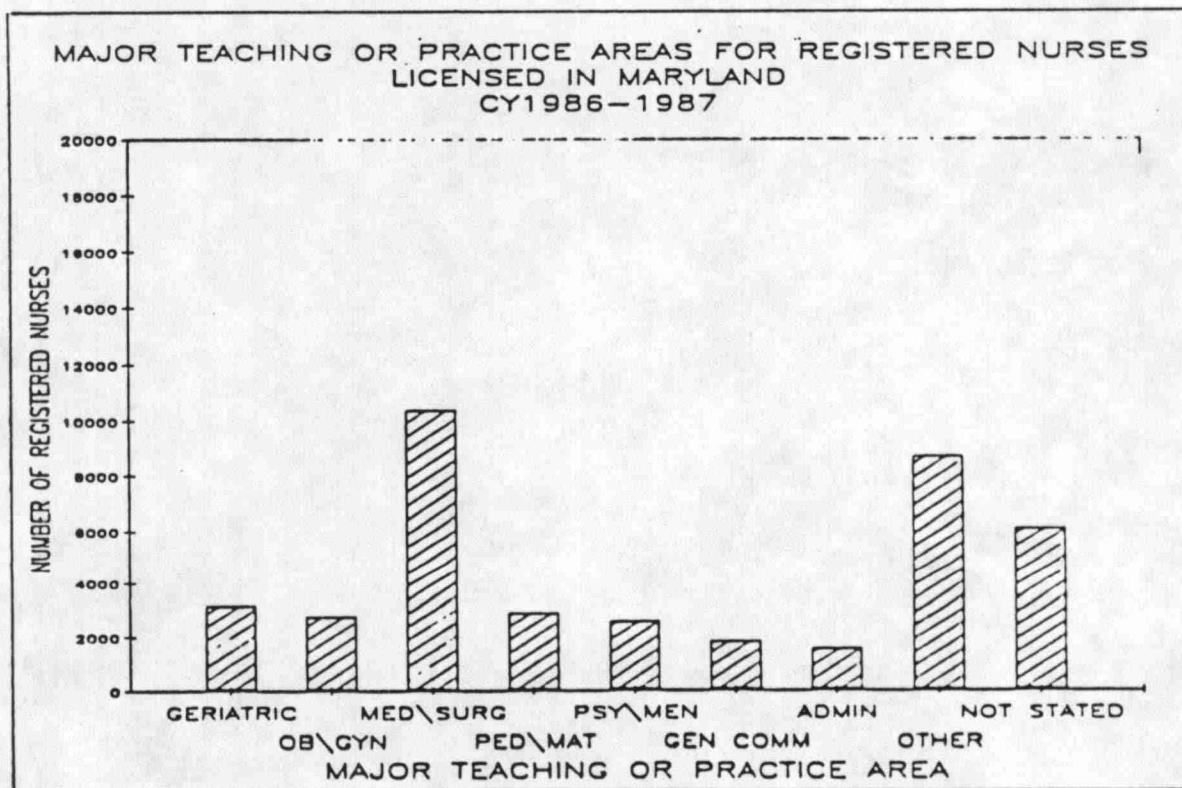


Data collected by the Maryland Board of Nursing

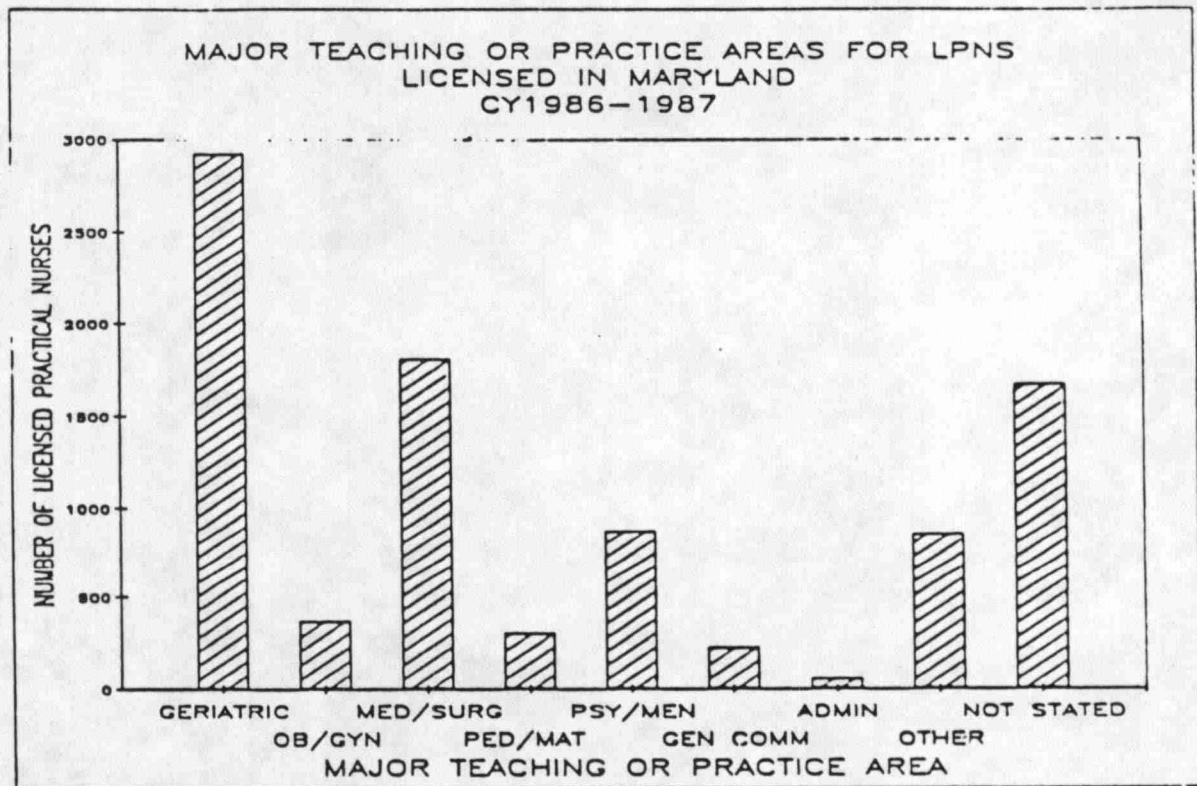
LICENSED PRACTICAL NURSES IN MARYLAND BY AGE
CY1986-1987



Data collected by the Maryland Board of Nursing

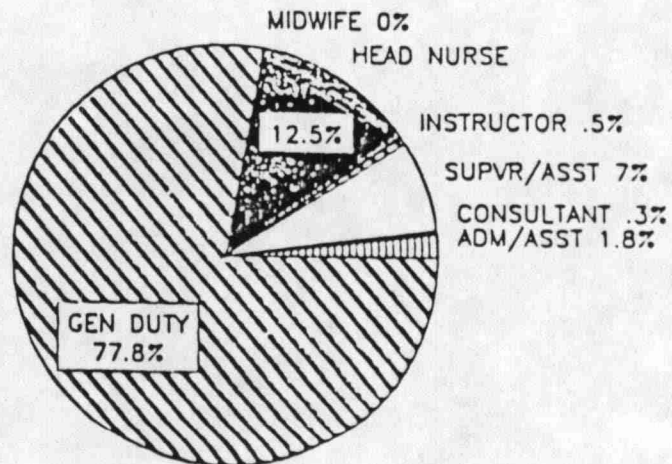


Data collected by the Maryland Board of Nursing



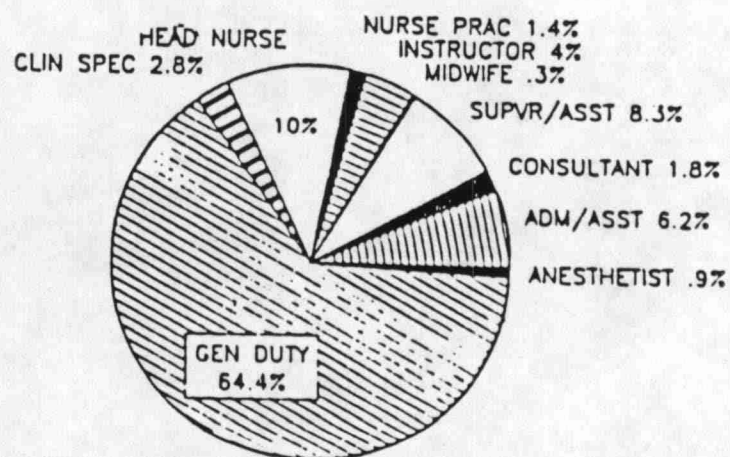
Data collected by the Maryland Board of Nursing

TYPES OF POSITIONS HELD BY LICENSED PRACTICAL NURSES IN MARYLAND
CY1986-1987



Data collected by the Maryland Board of Nursing

TYPE OF POSITIONS HELD BY REGISTERED NURSES IN MARYLAND
CY1986-1987



Data collected by the Maryland Board of Nursing

GOVERNOR'S COMMISSION ON NURSING ISSUES
(GOALS AND ACTION PLAN FOR NURSING IN MARYLAND)

1982

GOALS AND ACTION PLAN FOR NURSING IN MARYLAND					A C T I O N		P L A N		RESPONSIBLE PARTIES (Agencies designated to assure completion of tasks and mechanisms)	
GOALS		IMPLEMENTATION TASKS (Initiatives required to achieve goals)		TIME FRAMES		IMPLEMENTATION MECHANISMS (Specific tools and actions by which tasks should be completed)				
<u>EDUCATION</u>										
<u>Preparatory Education</u>										
1. Develop a statewide preparatory nursing education program model that o Defines and differentiates theoretical and clinical competencies o Articulates ADN, diploma, and BSN program components	1.1. Define and differentiate competencies and articulation standards	1983	1.1. Task force on preparatory nursing education	1.1. SBHE, educational institutions, MCA						
	2. Mandate conformance of all preparatory nursing education programs in Maryland to program model of nursing education	1985	2. Statute and regulation; link state nursing education funds to conformance; state budget	2. SBHE, SBEN, Gov, DBFP, State Scholarship Board, higher education governing boards						
	3. Develop transfer mechanisms between diploma and ADN/BSN programs	1985	3. Task force on preparatory nursing education	3. SBHE, educational institutions						
	4. Strengthen clinical components of all nursing education	1983	4. Task force on preparatory nursing education	4. SBHE, educational institutions						
2. Establish mechanisms by which diploma nursing education programs can become degree granting programs	2.1. Revise education requirements for eligibility to take licensure exams	1985	2.1. Statute and regulation	2.1. MCA, SBEN, higher education governing boards						
	3. Require that all nursing preparatory education be granted credit towards an academic degree	1985	3. Accreditation of diploma programs or affiliation between diploma programs and academic institutions	3. NN, SBEN, Middle States, academic institutions and diploma programs, higher education governing boards						
3. Link program capacity of ADN, diploma, and BSN programs to utilization of/demand for each type of graduate	3.1. Project utilization and demand through 1990	1983	3.1. Master plan for nursing resources	3.1. SBHE, HRPC						
	2. Expand/reduce program capacity accordingly	1985-1990	2. Administrative policy of state govt; state budget authority	2. SBHE, DBFP, Gov, MCA						
<u>Continued Education</u>										
4. Establish mechanisms for granting advanced placement to ADN and diploma graduates in BSN programs	4.1. Establish standards and criteria for advanced placement based on previous course work and clinical experience	1983	4.1. Task force equally representative of educators and diploma and ADN graduates who are pursuing but have not yet earned baccalaureate degrees	4.1. SBHE						
	2. Mandate application of advanced placement standards and criteria in all BSN programs	1984	2. Statute and regulations linking state nursing education funds to conformance; state budget authority	2. SBHE, higher education governing boards, Gov, DBFP, State Scholarship Board						

GOVERNOR'S COMMISSION ON NURSING ISSUES
GOALS (Con't.)

1987

GOALS (Con't.)						
GOALS		IMPLEMENTATION TASKS	A C T I O N	TIME FRAMES	IMPLEMENTATION MECHANISMS	RESPONSIBLE PARTIES
5. Establish outreach network of baccalaureate classes for ADN and diploma graduates in BSN programs		5.1. Develop BSN satellites in hospitals and community colleges		1985-1990	5.1. Affiliation agreements between local institutions and BSN programs	5.1. Institutions, higher education governing boards
		2. Develop faculty from local academic and health care institutions		1985-1990	2. Joint appointment of faculty	2. Institutions, potential faculty
		3. Target underserved geographic areas for priority development (e.g. Western Maryland)		1985	3. Master plan for nursing resources	3. SBHE; MCA, Gov, DBFP
6. Establish an external degree program in Maryland		6.1. Establish eligibility of external degree graduates for licensure exam		1984	6.1. Change in licensure regulations	6.1. SBEN, DPMH
		2. Assess feasibility of establishing a testing center within Maryland		1985	2. Task Force	2. SBEN, Oversight Committee
Graduate Education						
7. Link program capacity of graduate education to demand for graduate trained nurses in faculty, administrative, and clinical positions		7.1. Project utilization and demand through 1990		1983	7.1. Master plan for nursing resources	7.1. SBHE HRPC higher education governing boards
		2. Expand/reduce program capacity accordingly		1984-1990	2. Administrative policy of state govt; state budget authority	2. SBHE, MCA Gov, DBFP, higher education, governing boards
Financing Education						
8. Establish a full tuition loan fund for nursing students in BSN and graduate programs		8.1. Appropriate state fund through general or special revenues		1985	8.1. Enabling legislation	8.1. MCA Gov, DBFP DPMH, higher education governing boards
		2. Develop disbursement, repayment and compliance provisions		1985	2. Statute; administrative regulation and policy	2. MCA Gov, DBFP, State Scholarship Board, higher education governing boards
		3. Target underserved geographic and practice areas for priority funding		1984	3. Master plan; state budget authority	3. SBHE, HRPC MCA, Gov, DBFP

Governor's Commission on Nursing Issues
Goals and Action Plan for Nursing in Maryland

1982

GOALS AND ACTION PLAN FOR NURSING IN MARYLAND		1980		A C T I O N		P L A N		RESPONSIBLE PARTIES	
GOALS		IMPLEMENTATION TASKS		TIME FRAMES		IMPLEMENTATION MECHANISMS			
9. Assure that public and private dollars for nursing education are utilized in the most effective manner possible	9.1. Conduct a cost effectiveness study of nursing preparatory education		1983		9.1. Task Force		9.1. Oversight Committee		
10. Establish licensure structure to facilitate transition to BSN for professional nursing in Maryland; this necessitates a mechanism to protect currently licensed nurses.	10.1. Define and differentiate ADN, diploma, and BSN functions		1982		10.1. Task force for licensure transition planning (in consultation with task force on preparatory education)		10.1. SBEN		
	2. Revise Nurse Practice Act to enable state examination and certification of BSN nurses and BSN/ADN designation on license		1983		2. Statute and regulation		2. MCA, Gov, SBEN, DMH		
	3. Design and test new BSN exams		1983		3. Task Force for licensure transition		3. SBEN		
	4. Determine impact of restructured demand and link to ADN/BSN program capacity		1983		4. Master plan for nursing resources		4. SBHE, HRPC, Oversight Committee		
	5. Other transition planning		1983		5. Task Force for licensure transition		5. SBEN Com, DMH, higher education governing boards		
11. Explore inactive licensure status for RNs	11.1. Revise Nurse Practice Act		1983		11.1. Statute		11.1. MCA		
	2. Develop procedure for managing and processing inactive licenses and records		1983		2. Administrative regulation and policy		2. SBEN		

GOVERNOR'S COMMISSION ON NURSING ISSUES

1987

GOALS (Con't.)

GOALS (Con't.)		A C T I O N		TIME FRAMES	P L A N		IMPLEMENTATION MECHANISMS	RESPONSIBLE PARTIES
GOALS		IMPLEMENTATION TASKS						
12. Formalize statewide planning for nursing resources development and nursing policy coordination	12.1. Establish state nursing policy oversight committee to link planning and policy	1985	12.1.1. Define role and placement of oversight committee in state government 2. Assure representative membership 3. Appoint Committee	12.1.1. Gov, MCA	2. Gov, MCA, Oversight Committee 3. Gov, MCA Oversight Committee			
	2. Require annually updated five-year plan for nursing resources development	1983	12.2. Statute; administrative regulation and policy	12.2. MCA; SBHE, HRPC				
13. Establish adequate data collection, management, and reporting to support statewide nursing policy development and planning	13.1. Identify data elements, sources, collection and management methods and reporting procedures	1983	13.1. Nursing data task force	13.1. SBHE, Oversight Committee, SBHE HRPC, DHMH				
	2. Identify parties responsible for participating in statewide nursing data system	1983	2. Nursing data task force	2. SBHE, Oversight Committee, SBHE				
	3. Establish mandate and administrative procedures	1984	3. Statute, administrative regulation and procedures	3. MCA, SBHE, Oversight Committee				
	4. Establish sanctions for noncompliance	1984	4. Statute	4. MCA				
14. Assure that adequate resources are available to agencies charged with additional responsibilities as a result of this report	14.1. Determine cost and impact of recommendations on state agencies	1982	14.1. Staff analysis	14.1. SBHE, HRPC, SBHE, Oversight Committee				
	2. Identify sources of funds for FY 83	1982	2. State budget	2. MCA, Gov, Oversight Committee				
	3. Submit FY 84 budget supplement	1983	3. State budget	3. MCA, Gov, DBFP				
15. Develop a public information program to promote public understanding of changes in nursing role and practice	15.1. Identify target groups and media	1983	15.1. Task force	15.1. SBHE Oversight Committee				
	2. Prepare budget for public information program	1983	2. Task force	2. SBHE, Oversight Committee, DBFP, DHMH, Gov				
	3. Design, construct, and distribute media packages	1983-1985	3. Task force	3. SBHE, Oversight Committee				

GOVERNOR'S COMMISSION ON NURSING ISSUES
GOALS (Con't.)

1982

A C T I O N P L A N				R E S P O N S I B L E P A R T I E S	
GOALS	IMPLEMENTATION TASKS	TIME FRAMES	IMPLEMENTATION MECHANISMS		
16. Develop nursing personnel policies and practices that make public sector nursing practice more efficient and competitive with private employment	16.1. Review reports and identify policies and practices that result in inefficiency or deter nurses from state employment	1983	16.1. Evaluation of state personnel practices	16.1.	DOP, DMH, DOC, Oversight Committee
	2. Take necessary action to correct problems identified	1983	2. Statute; administrative policy and regulation; state budget authority	2.	MCA, Gov, DMH, DOP, DOC, Gov, DBFP, MCA
17. Establish pilot projects in Maryland enabling hospitals to improve management of nursing resources and delivery of nursing services	17.1.* Develop standards and criteria as guidelines for nurse patient ratios in hospitals	1983	17.1.1. Task force of nurse administrators and rate regulators	17.1.1.	Hospital administrators and nursing service
			2. Administrative agreement between state and federal government and health providers	1.2.	HSCRC, HCFA, hospital administrations
			3. Proposals from hospitals seeking rate rebates by HSCRC	1.3.	HSCRC, hospital administrations, HCFA
				17.2.	Same as 17.1
	2. Evaluate nurse/patient ratio standards and criteria for purposes of rate review	1983	17.2. Same as 17.1		
	3. Develop separate accounting and fiscal management of nursing services	1983	17.3. Same as 17.1	17.3.	Same as 17.1

* See HSCRC Panel Report (Appendix F)

SUMMARY OF SUBCOMMITTEE ACTION

Education and Scholarship:

The Subcommittee on Education and Scholarship reviewed financial aid programs currently available to nursing students in Maryland. Compared with other states, Maryland has low financial assistance, but high tuition for nursing education. There is a need for increased financial assistance for both undergraduate and graduate nursing education.

Recommendations:

1. Support the request of the State Scholarship Board (SSB) to increase funding to the General State Scholarship Program by \$7 million.
2. Support the request of the SSB to include the Graduate Nursing Grants Program with the Professional School Scholarship Program.
3. Support the request of the SSB to increase funding to the Professional School Scholarship Program by \$450,000.
4. Increase the SSB's funding for the Sharon Christa McAuliffe Memorial Teacher Education Assistance Program by \$400,000 and earmark those funds for nursing students who will work in areas of critical shortage.
5. Support legislation that will include loan forgiveness programs for nursing students and licensed nurses.
6. Earmark a portion of budgeted funds (10% each of the budget for the Professional School Scholarship Program and the Sharon Christa McAuliffe Program) for publishing and disseminating information about scholarship programs available to nursing students.

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